V. S. No. 2
0M—9-4-41
ev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24958

State File No.

FILED JUL 24 1944
Registration District No.

Primary Registration District No. 5595

Registrar's No. 19

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town RURAL ROCK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JEFFERSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR IMPERIAN
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRED ARNOLD
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 14 (Day) 1944 (Year)

8. AGE: Years | Months | Days | If less than one day hr. 30 min.

9. Birthplace KIMMSWICK (City, town, or county) MO (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name OTTO ARNOLD
13. Birthplace DE SOTA (City, town, or county) MO (State or foreign country)
14. Maiden name MARY MALLER
15. Birthplace HERKEY (City, town, or county) MO (State or foreign country)

16. (a) Informant OTTO ARNOLD
(b) Address KIMMSWICK MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 14 1944 (Month) (Day) (Year)
(c) Place: burial or cremation BURGESS CEMETERY
18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO
19. (a) 6/14 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1944 hour 2 25 A minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw him alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Stillbirth	
Due to	
Due to	
Other conditions (Premature about 6½ Months) (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 159	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work , (e) Means of injury

23. Signature O. Reich MD (M. D. or other) MD
Address Kimmswick Mo Date signed 6/14/44

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 9,

District File Number

Date Filed 7-21-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was embalmed by me, or by~~

Not Embalmed., Registered Apprentice No.

working under my personal supervision.

Signed Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Kimmswick Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.